

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3	1		1	1			53						
4	1		1	1			54						
5	1		1	1			55						
6	1		1	1			56						
7	1		1	1			57						
8		5		1			58						
9	1		1				59						
10			1				60						
11							61						
12							62						
13		3		1			63						
14		3		1			64						
15	1		1				65						
16	1		1				66						
17	1		1				67						
18	1		1				68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22	1		1				72						
23	1		1				73						
24							74						
25	1		1				75						
26	1		1				76						
27	1		1				77						
28	1		1				78						
29							79						
30							80						
31							81						
32							82						
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34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			21				TOTAL IND.						
TOTAL DEP.			3				TOTAL DEP.						
TOTAL CLAIMS			24				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY